


FILE NOW: FILING FEE IS \$61.25

FILED

May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000005863 (3) 1. Corporation Name HELPING HANDS OUTREACH MINISTRIES, INC.			
Principal Place of Business 6377 WEST MANGO LANE CRYSTAL RIVER FL 34429		Mailing Address 6377 WEST MANGO LANE CRYSTAL RIVER FL 34429-8342	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
3. Date Incorporated or Qualified 11/13/1996		3a. Date of Last Report	
4. FEI Number 59-3412634		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent RIGGS, RANDY T 6377 WEST MANGO LANE CRYSTAL RIVER FL 34429		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	RIGGS, RANDY T	6377 WEST MANGO LANE	CRYSTAL RIVER FL 34429
SD	BROWN, SHARON L	P.O. BOX 2818	HOMOSASSA FL 34448
TD	BREAD, RICHARD M	6199 WEST MINUTEMAN STREET	HOMOSASSA FL 34448
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
1st MEMBER ADVISOR/C/TR	BROWN, SHARON L	P.O. BOX 2818	HOMOSASSA FL 34448
TREASURER/DIRECTOR	DENA K. RIGGS	6377 WEST MANGO LN	CRYSTAL RIVER FL
SECRETARY/DIRECTOR	KATHY LOUISE WINDHAM	P.O. BOX 1622	CRYSTAL RIVER FL 34428 "N/A"
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>Randy T. Riggs</i> RANDY T. RIGGS 3/12/97 (352) 775-0318			

CR2037 (9/96)